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PTO/SB/51S (9-99)

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<b>SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION (37 CFR 1.175)</b>	<b>Attorney Docket Number</b>	70442.1201
	<b>First Named Inventor</b>	Weber
	<b>COMPLETE</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<b>Examiner Name</b>		

**I/We hereby declare that:**

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))		Family Name or Surname
Helmut		Weber
Inventor's Signature		Date 5. Jan. 00
<b>Name of Second Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any))		Family Name or Surname
Gernot		Weber
Inventor's Signature		Date 06/06/2000
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Give Name (first and middle (if any))		Family Name or Surname
Inventor's Signature		Date
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Give Name (first and middle (if any))		Family Name or Surname
Inventor's Signature		Date

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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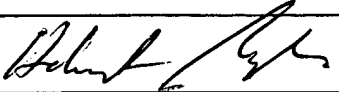
<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 70442.1201
I hereby declare that: My residence and post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: <u>KMedic, Inc.</u> and the title of my position with said assignee is: <u>President</u> The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s): Helmut Weber, Gernot Weber		
Patent Number 5,961,531	Date of Patent Issued October 5, 1999	
Title of Invention Convertible Rongeur		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>Convertible Rongeur</u> the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		
At least one error upon which reissue is based is described as follows: All claims contain a limitation for release means that was unnecessary to patentability and which unduly restricts the scope of the claims.  [Attach additional sheets, if needed.] All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

[Page 1 of 2]

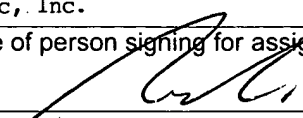
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00442018-072700

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(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional ) 70442.1201	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Ronald Abramson		34,762	
Peter A. Sullivan		38,327	
Douglas Zhang		37,985	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Type Customer Number Here         </div>	
		→	
		Place Customer Number Bar Code Label Here	
<b>OR</b>			
<input checked="" type="checkbox"/> Firm or Individual Name	Ronald Abramson		
Address	Hughes Hubbard & Reed LLP		
Address	1 Battery Park Plaza		
City	New York	State	NY
		Zip	10004
Country	USA		
Telephone	212-837-6000	Fax	212-422-4726
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Helmut Weber			
Signature			Date 5. Jun. 00
Address of Assignee	190 Veterans Drive Northvale, NJ 07647		
Patentee	Helmut Weber	Citizenship	Germany
Residence/Post Office Address Engener Strasse 11, D-78576 Emmingen-Liptingen Germany			
Patentee		Citizenship	
Residence/Post Office Address			

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<b>REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT</b>		Docket Number (Optional)  70442.1201
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
<p>Name of Patentee(s):                  Helmut Weber, Gernot Weber</p>		
Patent Number  5,961,531	Date Patent Issued  October 5, 1999	
<p>Title of Invention  Convertible Rongeur</p>		
<p><u>KMedic, Inc.</u> is the assignee of the entire interest in the original patent.</p> <p>I offer to surrender the original patent.</p> <p><input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached.</p> <p>I am authorized to act on behalf of the assignee.</p> <p>KMedic, Inc.</p>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.</p>		
<p>Name of assignee                  KMedic, Inc.</p>		
Signature of person signing for assignee 	Date  5. Juni 00	
<p>Typed or printed name and title of person signing for assignee                  Helmut Weber</p>		